PTO/SB/90 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPART MENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark OFFICE OF A Trademark Office; U.S. DEPART MENT OF COMMERCE

DOLLED OF A Trademark OFFICE OFFICE OF A Trademark OFFICE O

for the second spream of

Name

Michael E. Marion

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: X Practitioners associated with the Customer Number: 24738 Practitioner(s) named below (if more than ten patent practitioners a to be named, then a customer number must be used): Name Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: lx l 24738 The address associated with Customer Number: OR Firm or Individual Name Address City State Ζip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record dividual whose signators and title is supplied below is authorized to act on behalf of the assignee Signature 02 FEB 2005

Title Authorized Representative

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Irademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COFY

Telephone (914)

333-9637